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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) MM21/0804 BRAD A ARMSTRONG P O BOX 1419 PARADISE CA 95967 OCT 1 9 1999							
APPLIC	CATION NO.	FILING DATE	ENTE TAL CLAIMS		EXAMINER AND GROUP ART U	NIT	DATE MAILED
i	09/106,825	06/29/98	011 E	EASTHOM	I, K	2832	08/04/99
First Named Applicant	ARMSTRONG		35 USC	154(Б) term ext. =	0 Days	⊒ a
TITLE OF NVENTION V	ARIABLE-CON	DUCTANCE SEN	ISOR				

ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE **DATE DUE** 2 338-114.000 W72 UTILITY \$605.00 11/04/99 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies_ filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) **DEPOSIT ACCOUNT NUMBER** (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee corporation or other private group entity □ government ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 00000011 09106825 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 06T 2 1 1539 depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.